

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-976)

SERIAL NO.
10/718625
FILING DATE

APPLICANT(S)

1819706

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2						
3						
4		1				
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TOTAL IND.			3			
TOTAL DEP.			15			
TOTAL CLAIMS			18			

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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